

Notice: Use of this form is required by the DNR for any application to develop at a historic fill site or licensed landfill pursuant to secs. NR 506.085 and NR 500.08(4), Wis. Adm. Code. The Department will not consider your application unless you provide complete information requested. Personally identifiable information collected will be used to process your application and will also be accessible by request under Wisconsin's Open Records law [ss.19.31 - 19.39, Wis. Stats.]

Instructions: See *Development at Historic Fill Sites and Licensed Landfills: What you need to know* (PUB-RR-683, April 2002) for detailed instructions.

- All Exemption Application materials should be sent to the region where the site is located, as listed on page 6.
- Include \$500 fee payment with this application unless a fee was already paid for the review of the remedial design report under the NR 700 process.
- Determine the appropriate exemption type for the site and check appropriate box below.
- Provide complete information requested for each type of exemption. Include the following attachments:

Required: Summary of Existing and Potential Impacts described in Section V as an attachment, under the seal of a professional engineer or geologist registered to practice in Wisconsin.

Optional: Site Visit Summary Comments (Section IX) including any photos, sketches or site visit notes.

Exemption Type

☐ **Remediation and Redevelopment Program NR 700 Rule Series Process Exemption:** Site with remedial actions conducted in accordance with NR 700 series

Required: Sections I - VI

Optional: Sections VII - X

☐ **Case-by-Case Evaluation:** Sites with anticipated environmental impacts or wastes of special concerns

Required: Sections I - VI

Optional: Sections VII - X

☐ **Expedited Exemption:** Site with no expected environmental impact

Required: Sections I - VI and Form 4400-256A Expedited Exemption Application

Optional: Sections VII - X

I. Applicant Information

Owner - Last Name	First	MI	Telephone Number
-------------------	-------	----	------------------

Contact Name (if different)

Street Address	City	State	ZIP Code
----------------	------	-------	----------

Developer - Last Name	First	MI	Telephone Number
-----------------------	-------	----	------------------

Street Address	City	State	ZIP Code
----------------	------	-------	----------

II. Site Name and Location

Site Name	Location / Address
-----------	--------------------

Is the site known by another name(s)?

☐ Yes ☐ No ☐ Unknown

☐ City ☐ Town ☐ Village of _____

If yes, provide name.

ZIP Code	State
	WI

Does the site have a license number? If yes, License Number

☐ Yes ☐ No ☐ Unknown

County

A. Attach a map with site location and limits of fill/waste disposal area.

B. Global Positioning System Coordinates

Describe method for collecting GPS Coordinates

Latitude: DEG MIN SEC Longitude: DEG MIN SEC
N W

Program Lead, Fee Status and Regulatory ID Numbers (This area for DNR use only)

☐ Waste Management Bureau

☐ Remediation and Redevelopment Bureau - Exemption is part of remedy under NR 700 program

☐ Fee already paid for review of remedial design report.

☐ Review of remedial design report not requested and payment is attached.

☐ Payment Attached

Amount

\$

Hazardous Waste Facility License ID No. (5 digits)	DNR FID No. (9 digits)	USEPA ID No. (used for both RCRA and CERCLIS #s) (WI+Alpha+9 digits)
--	------------------------	--

Region	Project Manager	Telephone Number
--------	-----------------	------------------

III. Site Ownership History

Previous Owner - Last Name	First	MI	Telephone Number	
Street Address		City	State	ZIP Code
Responsible Municipal / Private Operator - Last Name (if applicable)	First	MI	Telephone Number	
Street Address		City	State	ZIP Code

IV. Evaluation of Existing and Potential Impacts. See Development at Historic Fill Sites and Licensed Landfill: Guidance for Investigation and Development at Historic Fill Sites and Licensed Landfill: Potential Problems and Considerations.

- A. Analytical data for the following media have been collected and/or examined before completing this application:
- Groundwater: ☐ Yes ☐ No
 - Soil: ☐ Yes ☐ No
 - Surface water / sediment: ☐ Yes ☐ No
 - Air: ☐ Yes ☐ No
 - Methane or other explosive gases: ☐ Yes ☐ No
- B. Based on known or suspected sources and wastes, their physical characteristics, containment and geologic environment, do you suspect a release of pollutants to the environment?
- ☐ Yes: ☐ Groundwater ☐ Soil ☐ Surface Water / Sediment ☐ Methane or Other Explosive Gases
- ☐ No
- If yes, an expedited exemption is not appropriate unless further investigation shows that a release of pollutants is not likely.
- C. If there is NOT a likelihood of a release of pollutants or evidence of a release, would the impact of the proposed development be likely to cause a release to the environment?
- ☐ Yes ☐ No If yes, be sure to summarize actions to be taken to prevent adverse environmental impacts in V. Part C below.

V. Summary of Existing and Potential Impacts. See Development at Historic Fill Sites and Licensed Landfill: Guidance for Investigation and Development at Historic Fill Sites and Licensed Landfill: Potential Problems and Considerations.

Describe the following in an attached narrative under the signature of a qualified professional. Organize, label and package as listed below.

- A. Existing Site Conditions
- existing site conditions including waste types,
 - potential for impacts, and
 - evaluation of existing impacts.
- B. Proposed Development Summary. Include explanation for overall site decision.
- C. Summary of actions to be taken and engineering controls that will prevent or minimize adverse environmental impacts and potential threats to human health and welfare, including worker safety.

VI. Certification of Application Information

I certify that information in this application and all its attachments is true and correct and in conformity with applicable Wis. statutes.

Print / Type Name of Applicant

Applicant Signature

Date Signed

Sections VII - IX are optional for all Applicants.**VII. Current and Historic Type of Waste Disposal Site (Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Licensed Landfill | <input type="checkbox"/> One-time Disposal |
| <input type="checkbox"/> Non-approved {See s.289.01(3)}, Wis Stats. | <input type="checkbox"/> Construction / Demolition |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Historic Fill Site |

Liner

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Unlined | <input type="checkbox"/> Clay Liner |
| <input type="checkbox"/> Lined | <input type="checkbox"/> Unengineered |
| <input type="checkbox"/> Composite Liner | |
| <input type="checkbox"/> Other Liner (Describe): _____ | |

Total Landfill Volume

- ☐ < 50,000 yd³
☐ 50,000-500,000 yd³
☐ > 500,000 yd³

Does the landfill have a closure plan? ☐ Yes ☐ No ☐ UnknownDoes the landfill have a groundwater monitoring plan? ☐ Yes ☐ No ☐ UnknownHave groundwater monitoring wells been installed? ☐ Yes ☐ No ☐ UnknownWas a cover installed? ☐ Yes ☐ No **If no, go to Past Land Uses.**

- ☐ Composite cap
☐ Layered soil cap with clay barrier
☐ Clay cap
☐ Soil cap - not recompact clay
☐ Other cover
☐ Unknown

What is the thickness of the cover? ☐ <6 in ☐ 6-12 in ☐ 12-24 in ☐ >24 in ☐ Unknown**Past Land Uses. (Check all that apply)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Agricultural co-op | <input type="checkbox"/> Electroplater | <input type="checkbox"/> Salvage yard |
| <input type="checkbox"/> Brush pile | <input type="checkbox"/> Lagoon | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Bulk plant | <input type="checkbox"/> Manufacturing Type: _____ | <input type="checkbox"/> Tannery |
| <input type="checkbox"/> Coal gas manufacturer | <input type="checkbox"/> Old burn pit | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Deer pit | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dry cleaner | <input type="checkbox"/> RCRA generator | |

Date(s) of Site Operation

From: _____ To: _____

No. of Years

☐ Unknown**VIII. Waste Information & Geologic Environment. See Development at Historic Fill Sites and Licensed Landfills: Guidance for Investigation****A. Known or Suspected Sources/Wastes. (Check all that apply)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Abandoned containers | <input type="checkbox"/> Known or suspected hazardous materials | <input type="checkbox"/> Demolition/construction waste |
| <input type="checkbox"/> Above ground pipeline or tank | <input type="checkbox"/> Municipal waste | <input type="checkbox"/> Surface impoundment/lagoons |
| <input type="checkbox"/> Animal carcasses | <input type="checkbox"/> Paper mill sludge | <input type="checkbox"/> Underground pipeline or tank |
| <input type="checkbox"/> Buried drums | <input type="checkbox"/> Transformer | <input type="checkbox"/> Exempted fill {NR 500.08(1) and (2)} |
| <input type="checkbox"/> Burning of materials | <input type="checkbox"/> Trees/brush | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Foundry sand | <input type="checkbox"/> Surface spills | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Industrial accident | <input type="checkbox"/> Fly ash | |

B. Physical Characteristics of Sources/Wastes

- ☐ Liquid ☐ Solid ☐ Liquid & Solid ☐ Unknown

VIII. Waste Information & Geologic Environment (continued)

C. Waste Containment ☐ Liner ☐ Unknown ☐ Not applicable

☐ Engineered cover

☐ Maintained ☐ Not maintained

☐ Functioning leachate collection & removal system

☐ Functioning & maintained run-off management system

☐ Functioning groundwater monitoring system

D. Soil Type: Estimate distances or determinations based on regional or site specific information.

☐ Regional ☐ Site specific

Clay, silt or other fine grained soils present? (lacustrine, tills, etc.) ☐ Yes ☐ No

At surface? ☐ Yes ☐ No At depth? ☐ Yes ☐ No _____ feet

Sand & gravel, coarse grained soils present? ☐ Yes ☐ No

At surface? ☐ Yes ☐ No At depth? ☐ Yes ☐ No _____ feet

E. Depth to Groundwater

☐ Regional ☐ Site specific _____ feet

F. Direction of Groundwater Flow

☐ Regional ☐ Site specific _____ direction

G. Depth to Bedrock

☐ Regional ☐ Site specific _____ direction

H. Bedrock Type

☐ Regional ☐ Site specific ☐ Sandstone ☐ Limestone/Dolomite ☐ Metamorphic/Igneous

IX. Site Visit

Conduct a site visit to complete site screening and determine general site conditions, on-site activities and adjacent land use encroachment issues. As appropriate to document the site, take photos, sketch the site and prepare a Site Visit Report.

On-site visit conducted? ☐ Yes ☐ No

General site conditions: Document any observed releases and note whether or not you were able to walk the site. Examples of things to be aware of include the following:

- leachate seeps or evidence of seeps such as stained soil/vegetation
- stressed vegetation as a sign of gas migration to the surface or of leachate seeps;
- quality and coverage of vegetation on the cap;
- odors which may indicate gas migration to the atmosphere;
- erosion of the cap;
- maintenance of positive drainage over the capped area;
- visual desiccation cracks in the cap.

Attach the following to your application:

☐ Photographs, regular or digital ☐ Site sketch ☐ Site Visit Report

Name(s) of Person(s) Conducting Site Visit

Date of Site Visit

IX. Site Visit (continued)**A. Adjacent Land Uses. Indicate all directions. (Check all that apply)**

<input type="checkbox"/> Agricultural	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Industrial	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Recreational	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Residential	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Undeveloped	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Commercial	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Other: _____	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW

B. Potential Groundwater Receptors. Estimate distances. (1 mile = 5,280 ft)

Distance to and direction of nearest municipal well: _____ feet ☐ > ½ mile from the waste _____ direction

Distance to and direction of nearest other-than-municipal well: _____ feet ☐ > ½ mile from the waste _____ direction

Distance to and direction of nearest non-community well: _____ feet ☐ > ½ mile from the waste _____ direction

Distance to and direction of nearest private well: _____ feet ☐ > ½ mile from the waste _____ direction

Distance to and direction of nearest residence: _____ feet ☐ > ½ mile from the waste _____ direction

C. Potential For Gas Migration

_____ No. of homes within 300 feet of waste (gas migration potential)

_____ No. of homes between 300 & 1,000 ft to waste (gas migration potential)

Distance to and direction of nearest building: _____ feet ☐ > ½ mile from the waste _____ direction

Type of building: ☐ On-site building ☐ Municipal ☐ Residential ☐ Commercial ☐ Industrial ☐ Unknown

D. Potential Surface Water Receptors. Estimate distances.

<input type="checkbox"/> Creek: _____ feet	<input type="checkbox"/> Drainage ditch: _____ feet	<input type="checkbox"/> Intermittent stream _____ feet
<input type="checkbox"/> River: _____ feet	<input type="checkbox"/> Lake: _____ feet	<input type="checkbox"/> Wetland: _____ feet

E. Based on the site visit, did you visually observe...

1. a release to a surface water body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
2. a leachate seep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
3. a release to soils?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

X. Comments: Use this section to provide comments on any aspect of the site visit. Attach any information or explanations labeled with the appropriate section number to which the material applies.

Region Map

NORTHERN REGION

Remediation & Redevelopment
Team Supervisor
Department of Natural Resources
107 Sutliff Avenue
Rhineland, WI 54501
(715) 365-8976

OR

Regional Waste Program Manager
Department of Natural Resources
107 Sutliff Avenue
Rhineland WI 54501
(715) 365-8946

NORTHEAST REGION

Remediation & Redevelopment
Team Supervisor
Department of Natural Resources
2984 Shawano Avenue
Green Bay, WI 54307-0448
(920) 662-5160

OR

Regional Waste Program Manager
Department of Natural Resources
2984 Shawano Avenue
Green Bay, WI 54307-0448
(920) 662-5120

SOUTHEAST REGION

Remediation & Redevelopment
Team Supervisor
Department of Natural Resources
P.O. Box 12436
Milwaukee, WI 53212-0436
(414) 263-8561 or (414) 263-8714

OR

Regional Waste Program Manager
Department of Natural Resources
P.O. Box 12436
Milwaukee WI 53212-0436
(414) 263-8694 or (414) 263-8697

WEST CENTRAL REGION

Remediation & Redevelopment
Team Supervisor
Department of Natural Resources
1300 Clairemont Avenue
Eau Claire, WI 54701
(715) 839-3710

OR

Regional Waste Program Manager
Department of Natural Resources
1300 Clairemont Avenue
Eau Claire WI 54701
(715) 839-3708

SOUTH CENTRAL REGION

Remediation & Redevelopment
Team Supervisor
Department of Natural Resources
3911 Fish Hatchery Rd.
Fitchburg, WI 53711
(608) 275-3241

OR

Regional Waste Program Manager
Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg WI 53711
(608) 275-3466

